



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT  
Division of Workforce Solutions  
Bureau of Workforce Programs

TO: **Economic Support Supervisors  
Economic Support Lead Workers  
Training Staff  
Child Care Coordinators  
W-2 Agencies**

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**BWP OPERATIONS MEMO**

No.: 02-11

File: 1115  
1120

Date: 02/08/2002

Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: High

SUBJECT: **MA PROGRAM SIMPLIFICATION  
(REDUCED VERIFICATION) AND CLIENT CHOICE OF APPLICATIONS**

**NOTE:** This Memo replaces Operations Memo 01-39. Vertical marks in the text's right margin indicate where changes are made.

Operations Memo 01-39 included copies of the Information Sheet and the Application/Review forms. As those have not changed, they are not included in this Memo.

**CROSS REFERENCE:** *Income Maintenance Manual, I A and B  
Medicaid Handbook 37.0.0  
Operations Memo 01-39*

**EFFECTIVE DATE:** July 1, 2001

**PURPOSE**

This memo implements Medicaid (MA) program simplification, including:

1. Client choice of application method for Family Related MA
2. Reduced verification requirements for all MA

**BACKGROUND**

Wisconsin moved to a more simplified process for application and reduced verification for several reasons:

1. Existing federal flexibility allows us to simplify the program for clients and local agency staff.
2. Advocacy groups, health care providers, local social service agencies, and our clients requested and encouraged program simplification.
3. We were further along with welfare reform, which freed the state from the program constraints of the old AFDC program and allowed us to design a more client friendly process.

4. Health care access has received bi-partisan support in Wisconsin, which allows for more flexibility to simplify the program.
5. The 1115(a) demonstration program waiver of Title XXI law and regulation allows Wisconsin to receive SCHIP funding for parents in BadgerCare requires Wisconsin to eliminate the asset test for Family MA and to implement a simplified application process.
6. 40 other states have adopted a simplified application process. Many of these states have also reduced verification and adopted a mail-in application process.
7. Under reported income by clients seldom causes a loss in eligibility because income limits are high.

### ***CURRENT MA POLICY AND PROCESS***

Current policy requires that all applications for MA be done through a face-to-face interview, except for those done through the OBRA outstationing provisions of the Social Security Act. An individual applies by going through an automated interactive interview with an eligibility worker at a local agency or outstationed eligibility worker site. The application must be signed in the presence of an agency worker. The staff at a Federally Qualified Health Center (FQHC) or Disproportionate Share Hospital (DSH) can sign the application as a witness instead of an ES agency staff person. Mail and phone reviews are currently allowed for all of MA, but the choice of review method rests with the local agency staff; not the client.

The definition of questionable seems to include any time that a worker has any suspicion that the information provided is not true. Although we are not changing the definition of questionable as provided in the Income Maintenance Manual, we expect eligibility workers to follow this definition more closely than appears to have been the case in the past.

### ***NEW POLICY AND PROCESS – APPLICATION CHOICE AND REDUCED VERIFICATION***

#### ***APPLICATION AND REVIEW PROCESS FOR MAIL/PHONE APPLICATIONS AND REVIEWS***

Beginning July 1, 2001, any applicant/recipient has the option of choosing how s/he will apply for Family MA.

**NOTE:** The mail in choice of applying for MA is limited to Family MA at this time. A new, simplified application form is being developed for the elderly, blind and disabled population. That form will be released at a later date.

Family MA for these purposes is defined to include any person who is a caretaker relative of a child, a parent residing with a child under age 19, a child under age 19 or a pregnant woman. In addition, the client will now choose the method for his/her review. This is no longer an agency choice. The 3 choices that the client has are:

1. Face to Face Interview for Application/Review
2. Mail-In Application/Review
3. Phone Application/Review

At the time of the initial telephone or other contact, the agency must complete Client Registration, including the priority services determination. (We'll discuss how to set the filing date for phone and mail applications in their respective sections).

The economic support agency must inform any applicant/recipient wishing to apply for MA or due for a review that these choices exist. The agency should also inform these applicant/recipients that the choice of mail or phone-in effectively eliminates a choice of W-2, Child Care (CC) and Food Stamps (FS) eligibility for them as part of this application. These all require face-to-face interviews. When an individual chooses the MA only phone or mail-in option for application method, a written and signed form explaining that they are 'not requesting' FS, CC or W-2 is not required, so long as the client is using the DES-2034 (NH-CAF for mail-in reviews) or the DES-12277 (Family MA for applications and reviews) application form.

#### *WITNESSING THE SIGNATURE*

For mail and phone applications, as well as reviews, the application or review form does not require an agency staff person (or a Federally Qualified Health Center or Disproportionate Share Hospital staff person at outstation sites) to witness the signature. **It does not affect our ability to prosecute for fraud or from recovering benefits provided incorrectly due to a client's misstatement or omission of fact.**

#### *MAIL-IN APPLICATION*

As of 7/1/01, only the BadgerCare and MA for Families application form (DES-12277) can be processed as a mail-in application. The filing date is the date the application form is received by the economic support agency as long as it contains the individual's name, address and signature. This starts the 30-day processing clock. Any items that are left blank should be assumed to be 'no' answers or \$0.00 answers (this includes the client signing the form and not entering the date.), unless there is a reason to deem an answer 'questionable.' If a worker identifies a need for additional information, i.e. self-employment income and expense details, which is not detailed on the simplified form, a contact should be made with the client via phone or mail to obtain self-declared information. Once the additional self-declared information has been obtained, then determine if the item is "questionable." Document in case comments when the client provides any additional self-declared information from telephone or mail contact that was not written on the original mail-in application.

Review the reduced verification policies and processes portion of this memo to ascertain when an item is questionable and what documentation needs to accompany the application form.

If an individual fills out a different application form than the DES-12277 that includes only a request for Family MA (including BadgerCare) and the individual has signed a 'Voluntarily Declining Aid' form for FS, then the different application form can be handled as a mail-in application.

The new filing date policy changes the current policy for outstation sites at FQHC's or DSH's without an eligibility worker on site. Currently, the date the application is signed in front of a facility staff person becomes the filing date. This is no longer true. The filing date will be the date the application is received by the local ES agency.

If the DES-12277 is faxed to the local agency, the filing date becomes the date the FAX is printed in the local agency. The original application form is **not** required for processing. MA may not be denied because the original application was not received.

When mandatory verification materials are not returned with the application or information written on the application is confusing or contradictory, the worker should enter all information available into CARES. Then contact the client via the telephone or mail to either clarify information provided on the application or to request additional information. If mandatory verification is missing or an item is deemed 'questionable', the worker must follow-up with a written list (EEVC) of what needs to be provided and the due date for the information to be received. The client has until the end of the 30<sup>th</sup> processing day or 10 days from the request, whichever is later, to return this information. If this is not done, the worker must deny eligibility for MA based upon either failure to verify mandatory or questionable information or the

failure to provide/clarify necessary information.

The eligibility worker keys in the answers provided by the client on the paper form into the CARES system. The worker must enter 'N' on the Program Request Screens (ACPA) for FS, CC and W-2. Workers should 'key what they see' on the application form. Once data is entered into CARES, the worker should run SFED/SFEX to determine eligibility for the case and confirm. The worker should not print the CAF or send it to the client to sign.

#### *PHONE-IN APPLICATION*

At the client's request, s/he can apply over the phone. The agency must remember to complete client registration during the initial contact with the applicant.

The agency must immediately send (or otherwise make available) to the potential applicant the front page of the application form that provides a place for the client to give his/her name, address and sign the application. The filing date for the application is the date that this form (with a name, address and signature) is **received** by the agency. This means that no phone interactive interview can be done until the one page application sheet is returned with a name, address and signature. Along with the front application page, the agency should develop a packet of information that will assist the client in his/her preparation for the interactive interview.

This packet could include:

1. A revised version of the list of "*What to Bring With You*" (<http://www.dhfs.state.wi.us/medicaid3/recpubs/factsheets/applying.pdf>).
2. *MA Eligibility and Benefits* brochure.
3. Brochures specific to the individual if information is known about that individual (i.e. Spousal Impoverishment, MAPP, BadgerCare, etc.).

The agency must schedule a time (within regular agency hours) convenient for the client and inform the client that s/he needs to be available without interruptions for a specified period of time. The scheduling of the phone interview can occur either before or after the filing date is established.

The agency has latitude over how this process will be set up in its own agency. However, the agency's process must assure that the client is given a reasonable opportunity to connect with the worker before being considered a 'no show'.

Once connected with the client, the worker must go through the entire CARES interactive interview process. If the client wishes to apply for FS or any other program other than MA during the interview, the worker must complete the MA application, entering 'N' on ACPA for FS, CC and W-2, but also schedule a face-to-face interview with the applicant at their earliest convenience.

Once the interview is completed, the worker prints out the Combined Application Form (CAF) and sends it (or otherwise makes it available) to the applicant. The worker does not confirm eligibility for MA at this time. The applicant should review all the information provided on the CAF and make corrections.

The applicant must initial and sign the CAF on the signature page appropriately and return the form to the local agency. The applicant has until the end of the 30<sup>th</sup> day from the filing date or 10 days from the date the form is sent to him/her, whichever is later, to return the application to the local agency. If the form is not returned within this timeframe, deny the application for failure to provide information.

Then determine if the applicant made any changes to the information. If so enter these changes into the CARES System. Then determine and confirm eligibility using the CARES system. CARES will generate

the appropriate approval or denial notice of decision. For cases that are determined eligible, the agency should send out program information to the recipient that was not supplied at the initial filing of the application. This information could include such things as:

1. A fact sheet for the program for which they are eligible
2. A Change Report form
3. The Rights and Responsibilities brochure

By choosing a certain method of application or review completion the client is not tied to a specific method for completing subsequent reviews.

### ***NEW REDUCED VERIFICATION POLICIES AND PROCESSES***

The following policies and processes apply to all MA subprograms and applicant/recipients. These policies and processes apply for MA, regardless of the policy and process requirements of FS, CC and W2.

The basic tenets of MA Program verification:

1. Apply these verification instructions to all MA subprograms (BadgerCare, Healthy Start, Community Waivers, Family Care, AFDC-MA, etc.) but not to FS, CC or W-2.
2. Only verify those items required to determine eligibility and benefits.
3. If an item is not mandatory or questionable, don't verify it.
4. Do not over verify. This means requiring excessive pieces of evidence for any one item. If you have all the verification you need, don't continue to require additional verification.
5. Do not verify information already verified unless you believe the information is fraudulent or further information received now indicates that it is questionable. If you suspect fraud exists, determine if you should make a referral for fraud (IMM, Chapter II, Part D). Fraud in other programs of assistance doesn't affect MA verification.
6. Do not exclusively require a particular type of verification when various types are possible.
7. The Income Maintenance Manual defines validation as the photocopying and placing of a document in the case record and 'documentation' as making a note or comment in the case record in order to provide understanding of and accountability for case actions. For MA purposes, there is no need to validate verification, only document verification on the appropriate CARES screens.

### ***VERIFICATION – MANDATORY ITEMS***

The ES agency staff person processing eligibility must verify the following information for MA eligibility. Everything else is self-declared unless it is "questionable".

1. Social Security Number (SSN)

The SSN for any person who is requesting to participate in the MA program is verified through the CARES SSN Validation Process. Any individual who fails to provide an SSN or does not agree to apply for one is not eligible for MA. An individual applying for MA does not need to provide a document or a social security card. S/he only needs to provide a number to the worker. **If the SSN validation process returns a mismatch record, then the applicant/recipient must provide the social security card or another official government document with the social security number**

displayed. Once an SSN is verified, it doesn't need to be verified again.

ANDA		INDIVIDUAL DEMOGRAPHICS (2 OF 3)										06/12/01 14:45	
CASE: 0700220305		WORKER: XCTG04										XCTG04	
LAST UPDATED: 10 23 00		CASE STATUS: OPEN										CASE MODE:	
-----SSN-----												Field that affects SSN	
NUM	NAME	DECL CTZN	LANG IND	US CTZN	VR	BIRTH PLACE	DT OF DEATH	VR	APPL DATE	VR			
01	IMA	C Y	E	Y	OW								

## 2. Citizenship / Alien Status

Accept self-declaration that an individual is a citizen. The person completing the application will circle (or otherwise indicate) citizen or alien to indicate US citizen status. Any person who indicates 'alien' must provide an official government document that lists his/her alien registration number. The eligibility worker must then verify the individual's alien status by using the alien registration number and the SAVE system as described in the IM Manual. Any individual who indicates that s/he is not a citizen and then fails to provide proper verification of his/her alien registration number is ineligible, unless that individual is only applying for emergency services for non-qualifying aliens. Undocumented aliens do not have to provide an alien registration number and can still be eligible for Emergency Services only MA. Only when the client reports a change in citizenship or alien status does this item need to be verified again.

The Declaration of Citizenship form no longer needs to be signed or filed in the case record.

ANAR		ALIEN/REFUGEE										06/12/01 14:48	
CASE: 0700220305		WORKER: XCTG04										XCTG04 P KIERN	
LAST UPDATED:		CASE STATUS: OPEN										CASE MODE: ONGOING	
NUM: __ NAME:		SSN:										Alien status Verification	
DC: __ BEGIN MMY: __ END MMY: __													
COUNTRY OF ORIGIN CODE: __													
REFUGEE STATUS: __ US ENTRY DATE: __													
WORK QUARTERS OR MILITARY REQUIREMENT MET? (Y/N) VR: __													
ALIEN REGISTRATION STATUS: __ VR: __													

## 3. Pregnancy

If a woman wants to be considered pregnant for a MA eligibility determination, we must have documentation from a health care professional attesting to her pregnancy. This item needs to be verified once for each subsequent pregnancy. The pregnancy end date or the fact that the pregnancy ended is not a mandatory verification item.

ANPI		PREGNANCY										06/12/01 14:51	
CASE: 0700220305		WORKER: XCTG04										XCTG04 P KIERN	
LAST UPDATED:		CASE STATUS: OPEN										CASE MODE: ONGOING	
NUM: __ NAME:		SSN:										Pregnancy verification	
DC: __ BEGIN MMY: __ END MMY: __													
PREGNANCY VR: __ FETUS NUMBER: __ VR: __													

## 4. Disability and Incapacitation

**Disability** Any person who wants to be considered disabled for a MA eligibility determination, including the MA Purchase Plan, must have a Disability Determination completed by the Disability Determination Bureau. This item is not verified after the original

determination. There are disability reviews that are scheduled by DDB and any new information will be communicated by DDB to the Eligibility worker.

ANDI	DISABILITY	06/12/01 14:53
CASE: 0700220305	WORKER: XCTG04	XCTG04 P KIERN
LAST UPDATED:	CASE STATUS: OPEN	CASE MODE: ONGOING
NUM: __ NAME:	SSN:	Disability Verification
DC: __ BEGIN MMY: __ END MMY: __		
HAS INDIVIDUAL BEEN ESTABLISHED BLIND BY DDB?	(Y/N): _	VR: _
HAS INDIVIDUAL BEEN ESTABLISHED DISABLED BY DDB?	(Y/N): _	VR: _

**Incapacitation** A person who wants to be considered incapacitated for MA eligibility must provide verification from a Health Care professional attesting to the incapacitation.

ANIC	INCAPACITATION	06/12/01 14:59
CASE: 0700220305	WORKER: XCTG04	XCTG04 P KIERN
LAST UPDATED:	CASE STATUS: OPEN	CASE MODE: ONGOING
NUM: __ NAME:	SSN:	Incapacitation Verification
DC: __ BEGIN MMY: __ END MMY: __		
TYPE OF INCAPACITATION: __	VR: __	

## 5. Assets and Transfers of Assets (Divestment)

Assets and transfers of assets for persons requesting and being tested for the following MA subprograms: (including community spouse assets for waiver and institutional MA at the initial determination of eligibility).

- SSI-related (categorically and medically needy)
- SSI-related Special Status – 503, Disabled Adult Child, Widow/Widowers (categorically and medically needy)
- MA Purchase Plan
- Institutional MA
- Community Waivers (unless they are Group A)
- Family Care
- Medicare Premium Assistance programs

The following is a list of the asset screens that are affected.

MNAI	ASSET INFORMATION MENU		06/12/01 15:02
			XCTG04 P KIERN
FUNCTION NUMBER	FUNCTION DESCRIPTION	TRAN CODE	PARAMETERS (PARMS)
1	- ASSET QUESTIONS	(AAQ)	CASE
2	- LIQUID ASSET QUESTIONS	(AALQ)	CASE
3	- VEHICLE ASSETS	(AAVA)	CASE/(PIN OR SSN)/(MMDDYY)
4	- LIQUID ASSETS	(AALA)	CASE/(PIN OR SSN)/(MMDDYY)
5	- PERSONAL PROPERTY	(AAPP)	CASE/(PIN OR SSN)/(MMDDYY)
6	- LIFE INSURANCE	(AALI)	CASE/(PIN OR SSN)/(MMDDYY)
7	- LUMP SUM INCOME	(AALS)	CASE/(PIN OR SSN)/(MMDDYY)
8	- BURIAL ASSETS	(AABA)	CASE/(PIN OR SSN)/(MMDDYY)
9	- REAL PROPERTY	(AARP)	CASE/(PIN OR SSN)/(MMDDYY)
10	- ASSET TRANSFER/DIVESTMENT	(AAAT)	CASE/(PIN OR SSN)/(MMDDYY)
11	- ASSET ASSESSMENT	(AAAA)	CASE/(PIN OR SSN)/(MMDDYY)

**VERIFICATION - QUESTIONABLE ITEMS**

Other items affecting eligibility are only verified when they are questionable. The reason that the item is questionable must be documented in the Case Comments in the CARES record.

Questionable Items are those where:

1. There are inconsistencies in the group's oral and written statements.
2. There are inconsistencies between the group's claims and other contacts, documents or prior records. (We discuss how and when data exchange queries and reports might necessitate verification later in this document.)
3. The applicant or his/her authorized representative is unsure of the accuracy of his/her own statements.
4. The applicant has been convicted of MA recipient fraud or has legally acknowledged his/her guilt of MA recipient fraud. Do not require an applicant or recipient to verify information for acknowledging that they have been convicted of fraud in any other public assistance or employment program.

Do not require a face-to-face application or review even if s/he determines that information provided by the applicant/recipient is questionable.

**POST-ELIGIBILITY VERIFICATION**

Medical expenses must be verified if used to meet a MA Deductible, this will ensure the earliest certification for the client.

**HANDLING DATA EXCHANGES AT INTAKE, REVIEW, PERSON ADD AND ON AN ON-GOING BASIS*****INTAKE / PERSON ADDS (SEE ATTACHMENT 1)***

As the attached diagram indicates the Intake and Person Add driver flows both provide an on-line data exchange query. Income is considered questionable (and therefore needs to be verified), if it meets the following criteria:

1. If the data provided by the DX on-line query overlaps for a month for which MA is being requested,  
**and**
2. If there is a discrepancy between the income reported for the time period and the data displayed on the query for the quarterly period.

In these cases, the worker must ask for verification for only the months for which eligibility is being determined which are covered by the query.

***ON-GOING (ATTACHMENT 2)***

As the attached diagram indicates, a worker can become aware of a discrepancy between the reported income of a case and a specific data exchange after intake between reviews in a couple of different ways. Specific data exchanges can be accessed from the MNDX menu.

1. A DXBM indicates to the worker that a new DX report has been generated. The worker then reviews the DX report to determine if any cases that are part of his/her caseload are on the report.



2. The worker receives an alert that indicates that a case that is part of his/her caseload is part of a DX report.
3. The worker uses the DX on-line query and determines if there is discrepancy between the reported data and DX query data.

In the case of DX report 'hit' or where the on-line query displays a discrepancy for the quarterly reporting period, the worker re-determines eligibility for the past months by entering any changes in Simulation Mode. If upon running eligibility in Simulation Mode, an overpayment has occurred, the worker must treat the income for that period as questionable.

An overpayment has occurred if the new information leads to a determination that shows any or all of the case members:

1. Are now ineligible for MA, **or**
2. There has been an increase in the group's cost share amount (nursing home liability, community waivers cost share or spenddown, deductible amount or premium amount).

If an overpayment has occurred, a significant change in eligibility has occurred. The worker must request documentation from the client for the period covered by the DX report or query and for the current month's income, since it is now considered questionable.

#### *REVIEWS (SEE ATTACHMENT 3)*

As the diagram below indicates the worker must use the on-line data exchange query before beginning the review (and getting into the CARES Review Mode).

If there is discrepancy between the income reported and the DX query amount for the period, the worker needs to:

1. Run simulation for the months covered by the query using the DX query income divided by the period covered in the query to arrive at a monthly amount.
2. Income for the past period and current month become 'questionable' and therefore need to be verified, if CARES simulation shows, for any of the months run that any or all of the case members:
  - a. Are now ineligible for MA, **or**
  - b. There has been an increase in the group's cost share amount (nursing home liability, community waivers cost share or spenddown, deductible amount or premium amount).

If the worker determines that a significant eligibility change (as described above) exists for the past period, the worker must verify income for the past period and the current month covered by the query during the review. However, do not hold up the review while waiting for the past period.

#### **CARES**

CARES is programmed to determine what types of verification are required for different programs. So whether or not a specific verification field is used by the system, is dependent on which type of assistance group is being built (ex. MI S might check the disability verification and MA R may not). CARES has not been updated to use any verification item in eligibility determinations that it was not using before. Thus if a VR field wasn't used before, it will not be used now. In addition, there has been

only one code to indicate that verification has not yet been received or is considered questionable, ("?"), and another to indicate that verification has not been provided ("NV"). Each of these codes also has impacted any and all AGs. A "?" has pended all AGs, and "NV" has failed them for reason code 112 (Short text "Did not verify information").

### *NEW CODES*

These 2 new codes have been developed to support the changes in verification policy for MA.:

1. Q? "Questionable information and pending verification"
2. QV "Questionable information and not verified"

The new codes will be available for use on July 1<sup>st</sup>. The new codes will also be used for determining 3 month backdates. ( A July 1<sup>st</sup> application with a 3 month backdate will utilize the new codes determining eligibility beginning 04/01/01.)

### *NEW MA VERIFICATION CODES-SUMMARY*

If you enter a "Q?" or "QV" in the verification fields, you must document in case comments on CARES what criteria was used to deem the item as questionable for MA.

"Q?" Use the "Q?" if the item is considered questionable (pending verification) for MA and will work exactly like the existing ? for **all** programs of assistance. If Q? is entered **all** (MA,FS, W2, CC) programs will pend.

Only use the "Q?" code when you have a substantial reason to question the validity of the information provided by the client. After entering this code, the system determines if that specific piece of verification should be used for eligibility for the particular type of AG built.

"QV" Use the "QV" code if the item was considered questionable for MA and was not verified. If "QV" is entered all programs (MA, FS, W2, CC) will fail.

Use "QV" only when you have substantial reason to question the validity of the information provided by the client, and that client has not provided that verification. After entering this code, the system determines if that specific piece of verification should be looked at for eligibility for the particular type of AG built.

"?" Use the "?" code as you did before. For the MA AG being built a "?" will:

1. Pend MA if the field being checked for that AG is a mandatory item. It will also pend the other programs (FS, W2, and CC).
2. Pass MA if the fields being checked aren't mandatory MA verification items. Entry of a "?" in any non-mandatory MA verification field will pass MA. (FS/CC/WW will pend)

"NV" The NV code should be used as it was before. If there is a verification field attached to that piece of information and the client has not provided verification within the appropriate verification period, enter a NV. A NV code will fail an MA AG if it's a mandatory verification item. If it's not a mandatory verification item, the MA AG will pass and should be confirmed.

FS/CC/WW will continue to work the same for the NV verification code, the individual will fail within those AGs if that particular AG is checking that verification field.

Verification Code	MA				Other Programs
	▪ SSN ▪ Citizenship Alien Status ▪ Pregnancy ▪ Disability	Assets for Elderly and Disabled	Assets for Family MA	All other Items	All other Items
?	Pend	Pend	Pass	Pass	Pend
NV	Fail	Fail	Pass	Pass	Fail
Q?	Pend	Pend	Pend	Pend	Pend
QV	Fail	Fail	Fail	Fail	Fail

Process cases that aren't requesting MA the same as you always have using "?" or "NV". However, if the new values ("QV" or "Q?") are used, they will work as stated above.

For MA cases (including other programs CC, W2, FS), use the new "Q?" and "QV" codes only if items are questionable.

### EXAMPLES

"Q?" Example: This is a CC, FS and W2 case. An entry of "Q?" works the same way as "?." CC and W2 pend, FS passes and then fails because they are expedited.

ACCH	CASE HOUSEHOLD INFORMATION	06/06/01 08:29
CASE: 8000361485	WORKER: XCTG04 CASELOAD: 1440	XCTG04 P KIERN
LAST UPDATED: 06 06 01	CASE STATUS: OPEN	CASE MODE: ONGOING
OFFICE NUM: 5040 MILW CO DSS		
SESSION CONTROL DEFAULT FOR EFFECTIVE/BEGIN MMY: _____		
CASE FILE LOCATION: IN LOCATION DATE: 06 15 00	FILING DATE: 06 15 00	
IVD ASSIGNMENT:	CASE CLOSED DATE:	

FIRST	MI	LAST	SUF	LANG IND	IN HOUSEHOLD
IP NAME: TEEN		CMMTOCSJ		E	Y

NUMBER	UNIT DIR	ST/RURAL	RT/BOX#	SUF	QUAD	AP
HOUSEHOLD ADDRESS: 111		W				

CITY: MILWAUKEE	STATE: WI	ZIP: 00000	VR: Q?
PHONE: 000 000 0000	ALTERNATE ADDRESS (Y/N): N		
CENSUS TRACT NUM : 0001	REGION NUM: 05		
HAVE YOU RESIDED IN WI ALL YOUR LIFE? (Y/N): Y	LAST SIXTY DAYS?:	VR:	
PREVIOUS WI RESIDENT? (Y/N):	DATE MOVED FROM WI:		
STATE MOVED FROM:	DATE MOVED TO WI:	RES REQ MET:	

NEXT TRAN: _____	PARMS: 8000361485
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"Q?" entered as verification

SFCS	STANDARD FILING UNIT CASCADE SUMMARY	06/06/01 08:30
CASE: 8000361485	WORKER: XCTG04	XCTG04 P KIERN

S	RUN	CAT	SEQ	PAYMENT BEG DATE	PAYMENT END DATE	AG STATUS	ELIG STATUS	AG REASON CODES S RSN1 S RSN2 S RSN3
—	01	CC	01	07 01 01		PE	P	
—		CC	01	06 01 01	06 30 01	PE	P	
—	01	FS	01	07 01 01		DE	F	— 154
—		FS	01	06 01 01	06 30 01	OP	S	— 154
—	01	WW C	01	07 01 01		PE	P	
—	01	BC Z	01	07 01 01		DE	F	— 054
—	01	MA R	01	07 01 01		CL	F	— 054

CC & W2  
pend

“?” Example: The following case example illustrates when a “?” is entered on a Non Mandatory field for Family MA. The case is requesting CC, FS, MA and W2. CC, FS, and W2 pend. MA passes and should be confirmed.

AALA		LIQUID ASSETS		06/04/01 16:08	
CASE: 4000368044		WORKER: XCTG04		XCTG04 P KIERN	
LAST UPDATED:		CASE STATUS: OPEN		CASE MODE: ONGOING	
LIQUID ASSET TYPES:					
NUM: 01 OWNER NAME:		SSN:			
DC: __ BEGIN MMY: 0601		END MMY: __			
SEQ		JOINTLY OWNED		AVAILABLE BURIAL	
NUM: TYPE: ch		VR: ? (Y/N/?): n		(Y/N/?): y (Y/N/?): n	
ASSET AMOUNT: 500		VR: ?		DEPENDENCE ACCOUNT? (Y/N):	
		IND		SCT REGISTRATION DATE: __ __ __	
ACCOUNT NUMBER: __		PRE-IND		SCT BAL AMOUNT: __	
INSTITUTION NAME: __					
INSTITUTION ADDRESS: __					
CITY: __		STATE: __			
-----INDIVIDUALS-----					
01 NICE W (PP )		02 DAUGH W (DAU)			
PFKEYS: 20=AAJO					

“?” entered in both verification fields.

SFCS		STANDARD FILING UNIT CASCADE SUMMARY		06/04/01 16:10						
CASE: 4000368044		WORKER: XCTG04		XCTG04 P KIERN						
		PAYMENT		PAYMENT						
		AG		ELIG						
		AG REASON CODES								
S	RUN	CAT	SEQ	BEG DATE	END DATE	STATUS	STATUS	S RSN1	S RSN2	S RSN3
-	01	CC	01	07 01 01		OP	S			
-	01	CC	01	06 01 01	06 30 01	OP	S			
-	01	FS	01	07 01 01		PE	P			
-	01	FS	01	06 01 01	06 30 01	PE	P			
-	01	WW C	01	07 01 01		PE	P			
-	01	WW C	01	06 01 01	06 30 01	PE	P			
-	01	MA R	01	07 01 01		OP	S			

FS and W2 pend, MA passes,  
CC passes (No asset test)

"QV" Example: This is the same case with a QV entered in the verification field. CC,FS, and W2 fail. BC and HS pass and should be confirmed because assets are not looked at for these types of family MA.

AALA		LIQUID ASSETS		06/04/01 16:13	
CASE: 4000368044		WORKER: XCTG04		XCTG04 P KIERN	
LAST UPDATED: 06 04 01		CASE STATUS: OPEN		CASE MODE: ONGOING	
LIQUID ASSET TYPES:					
NUM: 01 OWNER NAME: NICE		WINTERDAY		SSN: 018 98 0907	
DC: __ BEGIN MMY: 0601 END MMY: __					
SEQ JOINTLY OWNED AVAILABLE BURIAL					
NUM: 001 TYPE: CH CHECKING AC VR: qv (Y/N/?): N (Y/N/?): Y (Y/N/?): N					
ASSET AMOUNT: 1500.00 VR: qv INDEPENDENCE ACCOUNT? (Y/N): N					
ACCOUNT NUMBER: _____ PRE ACCT REGISTRATION DATE: _____					
INSTITUTION NAME: _____ ACCT BAL AMOUNT: _____					
INSTITUTION ADDRESS: _____					
CITY: _____ STATE: __ ZIP: _____					
-----INDIVIDUALS-----					
01 NICE W (PP ) 02 DAUGH W (DAU)					

"QV" entered as verif.

SFCS		STANDARD FILING UNIT CASCADE SUMMARY		06/04/01 16:15									
CASE: 4000368044		WORKER: XCTG04		XCTG04 P KIERN									
		PAYMENT PAYMENT AG ELIG AG REASON CODES											
S	RUN	CAT	SEQ	BEG DATE	END DATE	STATUS	STATUS	S	RSN1	S	RSN2	S	RSN3
-	01	CC	01	07 01 01		OP	S						
		CC	01	06 01 01	06 30 01	OP	S						
-	01	FS	01	07 01 01		DE	F	-	112				
		FS	01	06 01 01	06 30 01	DE	F	-	112				
-	01	WW C	01	07 01 01		DE	F	-	112				
		WW C	01	06 01 01	06 30 01	DE	F	-	112				
-	01	MA R	01	07 01 01		DE	F	-	013	-	014	-	112
-	01	MHSC	01	07 01 01		CL	F	-	350				
-	02	MAOR	01	07 01 01		DE	F	-	014	-	112	-	024
-	02	MHSC	01	07 01 01		CL	F	-					
-	03	MHSC	01	07 01 01		OP	S						
-	04	BC	01	07 01 01		OP	S						

MA R fails, BC and HS pass as no assets are checked for these subprograms.

“NV” Example: This is an EBD case with a “NV” entered in a Mandatory MA verification field. MA fails and should be confirmed.

ANDI	DISABILITY	06/05/01 08:45
CASE: 2000389228	WORKER: XCTG04	XCTG04 P KIERN
LAST UPDATED: 06 05 01	CASE STATUS: PENDING CASE MODE: INTAKE	
NUM: 01 NAME: IMA	RAINYDAY	SSN: 32 90 8010
DC: __ BEGIN MMY: 0601 END MMY: __		
HAS INDIVIDUAL BEEN ESTABLISHED BLIND BY DDB?	(Y/N): N	VR: __
HAS INDIVIDUAL BEEN ESTABLISHED DISABLED BY DDB?	(Y/N): Y	VR: nv
PRESUMPTIVE DISABILITY? (Y/N): __	PRESUMPTIVE DISABILITY TYPE: __	VR: __
DATE SENT TO DDB: __ __ __	DATE RECD FROM DDB: __ __ __	
ONSET DATE: 06 05 01	REVIEW DATE: __ __ __	
FS DISABILITY? (Y/N): N	VR: __	
IF ELDERLY/DISABLED, UNABLE TO P/P MEALS DUE TO DISABILITY? (Y/N): __		
IS INDIVIDUAL INCAPABLE OF OBTAINING GAINFUL EMPLOYMENT? (Y/N): __		
IS A HH MEMBER NEEDED TO CARE FOR THIS PERSON? (Y/N): N	HIS/HER SL N	

-----INDIVIDUALS-----

01 IMA R (PP )

“NV” entered as verification.

SFCS	STANDARD FILING UNIT CASCADE SUMMARY	06/05/01 08:45
CASE: 2000389228	WORKER: XCTG04	XCTG04 P KIERN

S	RUN	CAT	SEQ	PAYMENT BEG DATE	PAYMENT END DATE	AG STATUS	ELIG STATUS	AG REASON CODES		
								S RSN1	S RSN2	S RSN3
	01	CC Z	01	07 01 01		DE	F	__	054	
		CC Z	01	06 01 01	06 30 01	DE	F	__	054	
	01	FS Z	01	07 01 01		DE	F	__	054	
		FS Z	01	06 05 01	06 30 01	DE	F	__	054	
	01	WW Z	01	07 01 01		DE	F	__	054	
		WW Z	01	06 05 01	06 30 01	DE	F	__	054	
-	01	MS	01	07 01 01		DE	F	__	112	
		MS	01	06 01 01	06 30 01	DE	F	__	112	
	02	BC Z	01	07 01 01		DE	F	__	054	
		BC Z	01	06 01 01	06 30 01	DE	F	__	054	

MA fails.

## ATTACHMENTS

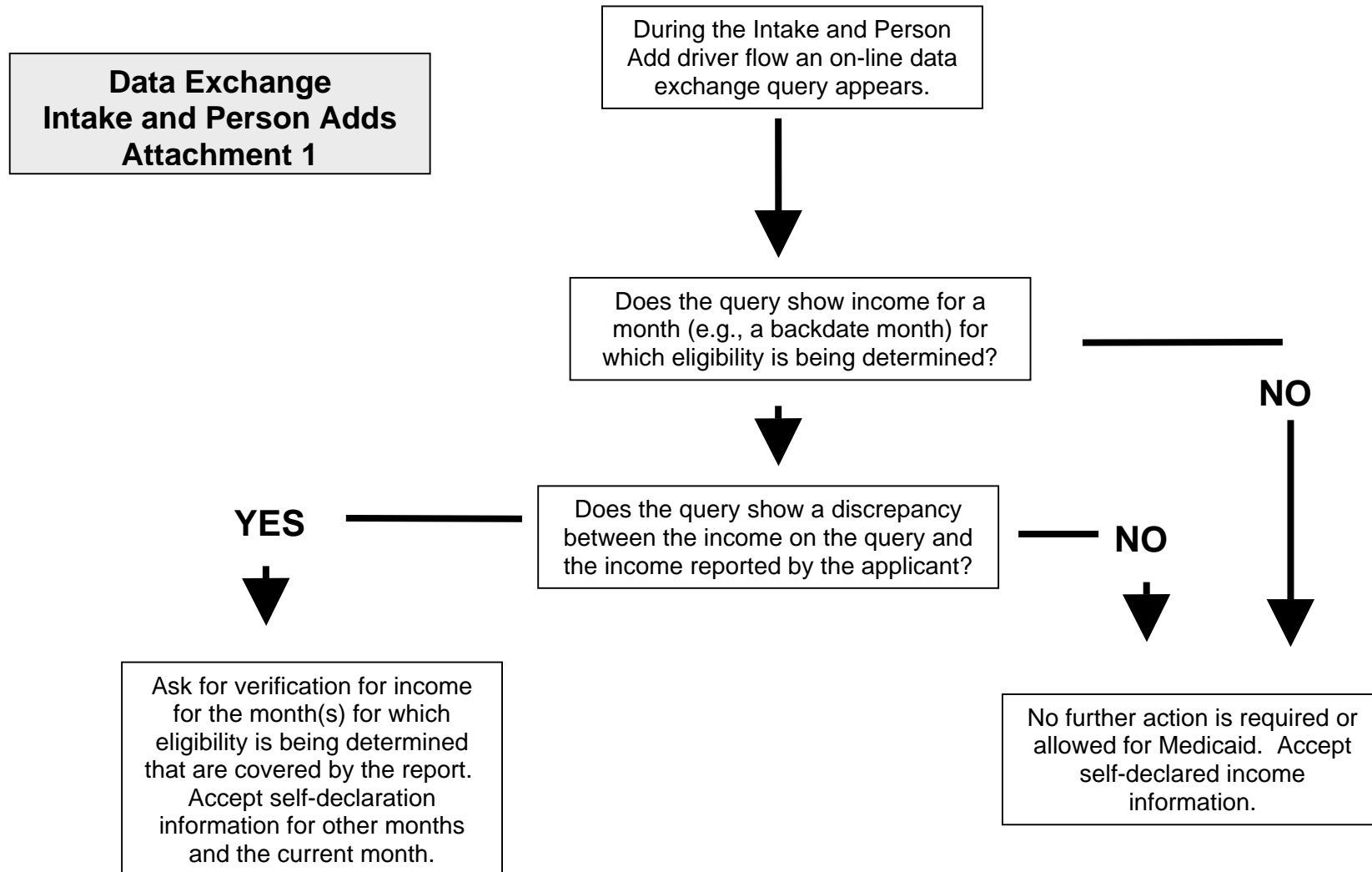
The forms attached beyond attachment #3 are only facsimiles and may vary from the real versions of the forms.

## CONTACT

DWS CARES Information and Problem Resolution Center

Email: [carpolcc@dwd.state.wi.us](mailto:carpolcc@dwd.state.wi.us)  
 Phone: 608-261-6317 (Option #1)  
 Fax: 608-266-8358

**Note:** Email contacts are preferred. Thank you.



**Data Exchange  
Ongoing  
Attachment 2**